

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM SEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.					
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL NO.	2					TOTAL IND.			
TOTAL DEP.	18	↔	↔	↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	20	↔	↔	↔		TOTAL CLAIMS	↔	↔	↔